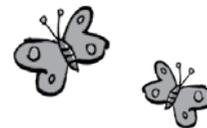


# Holiday Programme Permission Form



\_\_\_\_\_ Holiday Programme (referred to as  
**<name of Holiday Programme>** "the Holiday Programme" below)

## INSTRUCTIONS

1. Please read and then sign this permission form on page 2 to ensure your child's participation.
2. Please also tick the statements from (1) to (4) on page 1 to show that you agree to them.
3. Then return the form to the Holiday Programme Leader.

**PLEASE NOTE:** Only a parent or guardian/caregiver can sign this form and only children who return this form may attend the Holiday Programme.



I, \_\_\_\_\_ understand and agree that:  
**<name and surname>**

1.  My child may attend the Holiday Programme from \_\_\_\_\_ to \_\_\_\_\_.  
**<insert dates of the Holiday Programme>**
2.  I am responsible for getting my child safely to and from the Holiday Programme.
3.  Photos and video material may be taken of my child during the Holiday Programme activities. These may be shared in the media and/or for research purposes as part of the Nalibali reading-for-enjoyment campaign.
4.  My child may go on any of the Holiday Programme outings.

**Child's name:** \_\_\_\_\_

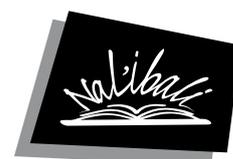
**Child's date of birth:** \_\_\_\_\_ **Child's grade at school:** \_\_\_\_\_

**Parent/Guardian's name:** \_\_\_\_\_

**Parent/Guardian's emergency contact numbers:**

Cell: \_\_\_\_\_ Landline: \_\_\_\_\_

**Contact us** by calling our call centre on **02 11 80 40 80**, or in any of these ways:



**Contact details of a second person in case of an emergency:**

Name: \_\_\_\_\_

Relationship of this person to the child: \_\_\_\_\_

Contact number (cell and/or landline): \_\_\_\_\_

**Parent/Guardian's home address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child live at this address?** Please circle: YES / NO

If "NO", please give the physical address where the child lives:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of caregiver at this address: \_\_\_\_\_

Contact number (cell and/or landline): \_\_\_\_\_

If your child has any **allergies or medical conditions**, please list them here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contact us** by calling our call centre on **02 11 80 40 80**, or in any of these ways:

